MAKILAND STATE DEPARTMENT OF REALIN

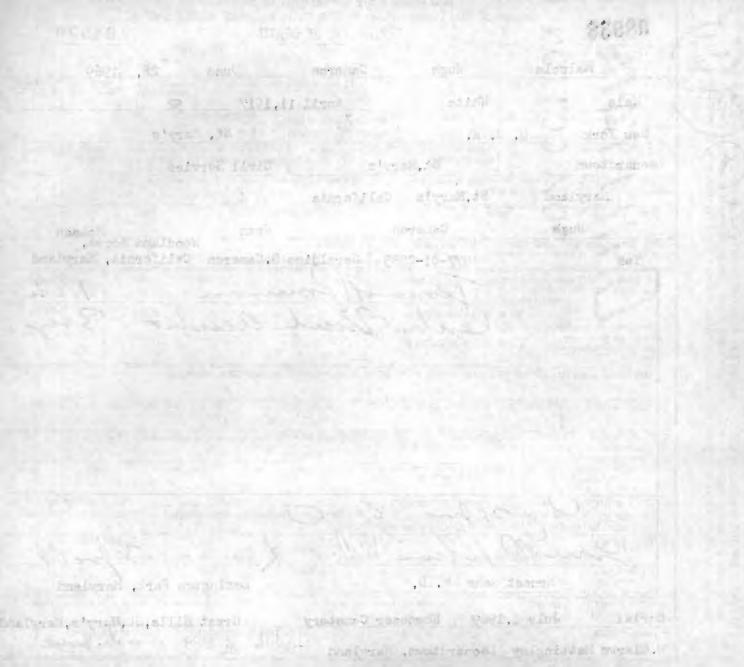
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	requires that the death certificate be executed within 24 haurs after death. physician. signed by the attending physician and campletely filled in by the funeral survival-transit permit. Then please remove carban papers. Pages, and 2 burial, crematian, ar remayal, and in any event, within 72 hour sitter death a burial, crematian, ar remayal, and in any event, within 72 hour sitter death.	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY? United States	B. MARRIED NEVER MARRIED NIVORCED NIVORCED	9. COUNTY OF DEATH St. Mary's	County Md
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	The state of the s	Conditions, if any, which go	ive)	Mangley	slot in	hrs
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	physician. signed by the attention of crematian, ar	lost.	(c) tram	sur Separ	Min 1 Ylac	enly day
1	physicio signed burial-h	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMUNAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	1
0	ing ing sen she rta	8		•		
1	AN: The law real or attending icate has been for use as the Health priarta	190. DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION WAS P		20b. ₩ YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
1	The after a has a lith pu	E 216. ACCIDENT WAS UNDER	LYING [2]b. TIME OF INJURY	YES NO	er nature of injury in Port 1 or Port 2,	Itam 193
	al a		DEATH HOUR A.M. Month Doy Yeo	r	er notice of injury in roll 1 of roll 2,	nem ro.)
	rspit sertificertification	G CAUSE OF CAUSE OF CAUSE OF CAUSE OF CIFE either, notify medical ex	ominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY, VI 21F, LOCATION Street or R.F.D. No.	o. City or Town	County State
	bing PHYSICIAN: The law reby the haspital or attending later this certificate has been be detached far use as the State Dept. of Health priar ta	While Not while at work of work	OFFICE BUILDING, ETC.		10	An
	NG the ter the de	22a, I certify that (1)	(this hospital) attended the decea	sed fyeld, 19	6 /, to 0 / / , 19	09, that (I) last
	OR ATTENDING PHYSICIAN: be retained by the haspital or NRECTOR: After this certificate e 3 shauld be detached for u ed with the State Dept. of Heal	caw the decoace	ove. (I) (we);(Jid) (did not) (iew the	19 () and that in (my) (autom	Sinion death accurred on the d	ate and have and from the
	ATT estair CTO Shall shall	22b. SIGNATURE		. ^		DATE SIGNED
	be ned w		2017 hour		DIRECTOR PHYS.	(12/69
	TAL Day Page e fille	22d. PHYSICIAN'S NAME (Type)	X Your	22e. ADDRESS		
	A n A n NER tor,	Jane	es P. Jakboe, M.D.		t Mills, Maryla	
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cat	Sicie plec	160. Y	WAS DECEASED EVER IN U.S. es, never unknown) (If yes	give war or dates of service)	077-01-2		line G.Came		ia, Maryland
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,, ≒		ERTIS	21a. ACCIDENT WAS UNDER	IVING TOPE TIME	OT INITIDY		NO NO	as of injury in Book I as Book C	No. 103
AN	ol o icat far far Hec		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	. Month Day Yea		OCCURRED (Enter note	re of injury in Part 1 or Part 2	, ITBM 18.)
SC	ospital or certificate hed far u ot. of Healt	MEDICAL	(If either, notify medical ex	ominer) P.M		19	e Den H	C. T.	Charles Charles
TENDING PHYSICIAN:	be retained by the hospital JIRECTOR: After this certifica e 3 should be detached fa ed with the State Dept. of H	-	AATHO LAGI SAINIG	ZIE. PLACE OF INJURY	OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION	Street or K.L.D. No.	City or Town	Caunty State
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O HOSPITAL	Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detac shauld be filed with the State Dep		22d. PHYSICIAN'S NAME (Type)	Ernest Re	hm M. D.	22e.	ADDRESS Le	xington Park.	Maryland
1001	UNE de de	23o.		3b. DATE	23c. NAME O	CEMETERY OR CREMATOR		L LOCATION (City or Town)	(County) (State)
0	P. 9 - 9 - 1	B	mr. 1. (c. 16)	July 1,196		ezer Cemeter		reat Mills.St.	
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MAKTLAND STATE DEPARTMENT OF MEALTH

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FOR STATE	T	7 /14/69kl Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08932	
HEALTH DEPT.	1 D	ECFASED NAME First Middle Lost Carrier 20 DATE KNOWN Month	Doy Yeor	2b HOUR
s of g /	,	WTT.T.TAM PAIIT. 2014 JR. DEATH MATED IX	19	М
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01		Lexington Park Give street oddress) Hills Trailer Court Give street of working life, even if retired USNAVI	INDESTRY	E22 OK
after d B Give	130	USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWAR'S 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER		
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hauld be executed it ward "pending" in the Chief Medical E. urral-transif permit F in any event within		1B CAUSE OF DEATH (Enter only one couse per lime for (o), (b) and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET A	ND DEATH
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per per ief / ief / ief /		Conditions, if any, which gove		
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XAMINER: This tertificate should be executed within 24 hours after the certificate, writing the ward "pending" in pencil in Item 18 Giving 4 should be farwarded to the Chief Medical Examiner's Office atlong your files. Page 3 should be used as a burial-transit permit File pages 1 and 2 with the termatian, at remaval, and in any event within 72 hours after a pentit		PART 2. OTHER SIGNIFICANT CONDITIONS CONTR.B.JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
wartii wartii sed	MEDICAL CERTIFICAT.ON	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?	
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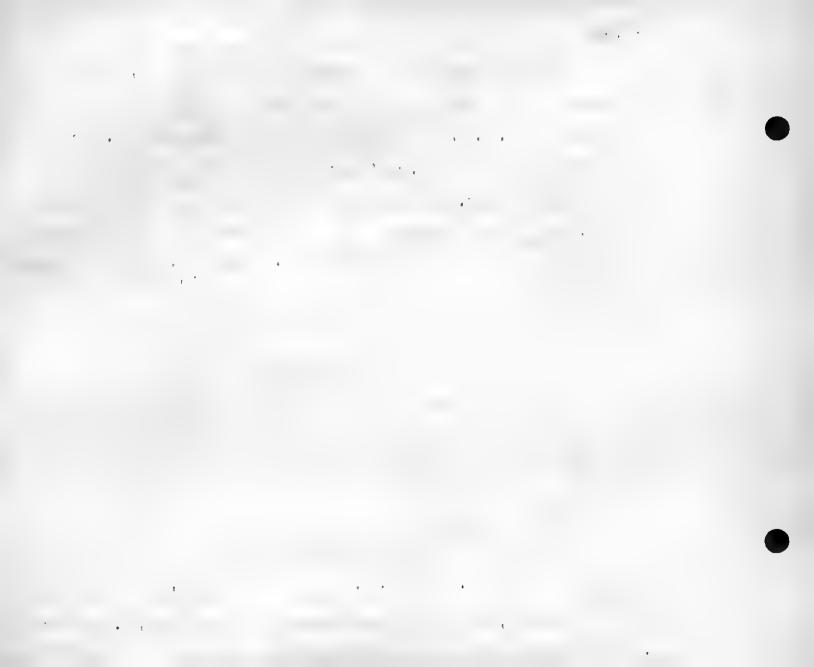
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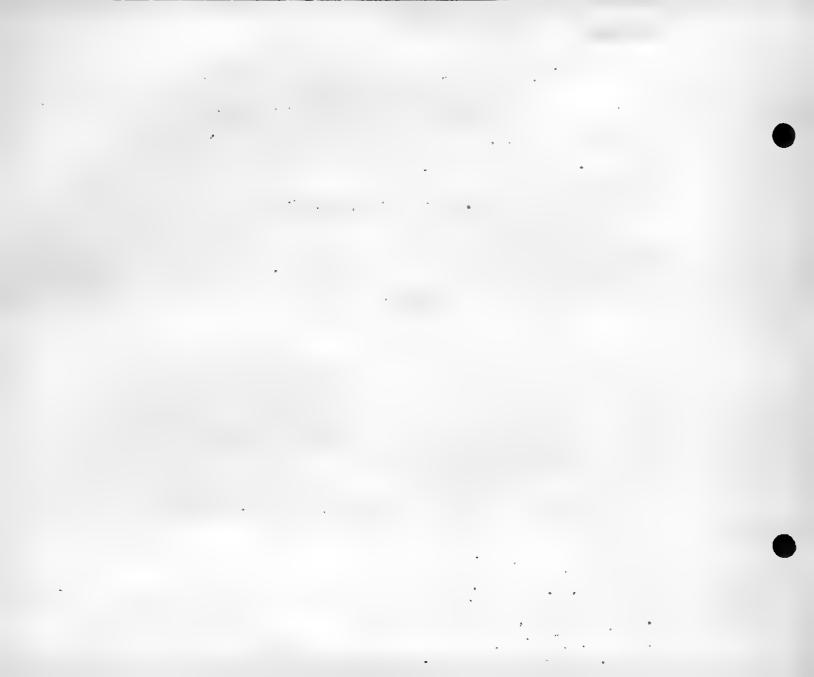
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requires that the death certificate be executed within 24 hours after death, a physician. I signed by the attending physician are completely filled in by the funeral sound in a burial-transit permit Then please remove corbon papers. Pages and 2 oburial, crematian, or removal, and in Tany event, within 72 hours after death.				i c ve	AME OF HOSPITAL (street oddress)			20 LSUAL OCC Luring most of	UPATION (Kind of working life, ever	work done nit retired)	12b KIND OF BI INDUSTRY	JSINESS OR
d w	13o i	eonardtown ISUAL RES DENCE (Where	deceased	lived, if institut	rion ikes dense be	fore 13c CTY	OR TOWN 38 IN	NSIDE CITY LIMITS?	13e STREET AND	NIMBER		
eve eve	odmis	sion) STATE Mary	and	13b. (OUNSt	.Mary's	Leo	nardtown YES		130 STREET AIRD	HOMBER		
du du du	}4 FA	THER'S NAME First		Middle		ost	15 MOTHER'S MAIDEN		_	Middle		lost
rificote has been signed by the attending physicioh affased for use as the burial-transit permit. Then please remo of Health prior to burial, crematian, or removal, and in any			mes	Thomas		4	Mai	ry	Jane		Maddox	
Sic.	160 Ye	WAS DECEASED EVER IN Us, no, or unknown)	JS ARMED yas giva word	D FORCES? or dates of service]	16b SOCIAL SECU		7 INFORMANT	D1	T	Address		
Jen Jova					219-58-		Mrs Alice l	rarker	Leonard	town, M		E (1 750./a)
rem rem		18 CAUSE OF DEATH (E PART DEATH WAS	CAUSED E	3Y			_				APPROXIMA BETWEEN ONS	
dea frenit rmit 1, or	Н	411001	MMEDIATE	CAUSE (o)			Munce	,			100	any or
the die di		Conditions, it only, which	r evon		AS A CONSEQUENC	E OF	lers &	. 0	-			
y the	ы	rise to immediate cous	e (o),((b)	AS A CONSEQUENC		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	C.Keren	L/		107	ten
icur Il-tro		stating the underlying ost	couse	(c)	NO A CONSCIDENC	L OF						
igne		PART 2 OTHER SIGNIFICA	INT CONDI		ITING TO DEATH B	UT NOT RELATE	TO THE TERMINAL DISE	EASE OR CONDITI	ION GIVEN IN PART	[](p)		
to b	1 1				(Leart	Pailer	~		
rior	CERTIFICATION	90. DATE OF OPERATION	19b. CO	NDITION FOR WH	IICH OPERATION W	AS PERFORMED	20o. AUTOPSY?				NSIDERED IN CER	TIFYING
* X	RTER						YES 🔲	№О 🔲	CAUSES OF DEAT			
Lea		TO ACCIDENT WAS UND	ERLYING	21b. TIME OF	F INJURY Month Doy	210	HOW INJURY OCCURRE	D (Enter noture	e of injury in Port	1 or Port 2, 1t	iem 18.)	
of f	lāU	If either, notify medical	examiner) P.M.		19						
Dept.	×	21d INJURY OCCURRED While I Not while I t work of work	21e. PL	ACE OF INJURY	AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY) 21	LOCATION Street or F	R.F.D. No	City or Town		County	State
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (1) (this	haspital) att	ended the dec	eased fram.	art	, 1966	10 1	10,190	59 , that (l) (we) last
ld b		22a. I certify that (saw the decea	sed aliv	e on	une 9	_196 <u>9</u> ,	and that in (my) (o	ur) apinion (death occurred	an the dat	e and hour ar	d fram the
should with the		causes stated	abave, ((i) (we) (did)	(did nat) view	the bady att	er death			I 00 0	* Tr. 0101110	
~ <u>×</u> ×		22B 3 GIVATURE	11	17/1		7	ATTENDING PHYS	MED DIRECTOR	R STAFF	22c D	ATE SIGNED	
director, poge 3		22d. PHYSICIAN S	/ (/)) // =	TOUS	73.7	22e ADDRESS			B1		
d be		NAME (Type)	T.F.W	liam D.	Boyd M	. D.		Leon	ardtown,	Maryl	and	
Bos	230	BURIAL, CREMATION,	23b DA		23c. NAME	OF CEMETERY	OR CREMATORY	23d	LOCATION (City o	r Town)	(County)	(Store)
not.		REMOVAN (Specify)	Jur	ne 13,19		cred He			shwood,			Land
141		uneral director Clarko Mati	tingl	ev Lec		RESS Mary	land 250.	RECD BY REGIS	STRAR 2Sb	REGISTRAR'S S	SIGNATURE	ica.



MAKTLAND STATE DEPAKTMENT OF HEALTH



						MARYLAN	D STATE	DEPARTME	NT OF HEA	LTH			
	1		100000		DIVISION OF VI	TAL RECORDS,	301 W. P	RESTON STRE	EET, BALTIMO	RE, MARYLAND	21201		
	•		08344				CERTIFIC	ATE OF D	DEATH			0893	36
	2 82	1	DECEASED-NAME	First		Middle		Lost		o DATE OF DEATH			2b HOUR
	eral and and leath	-	(Type or print)	Bab	T	Boy	Н	OLLAND		June Mont	h 8 Day	1969	3:00AM
	Fun fun	3.	SEX		4. RACE			S. DATE OF BIRT	TH	6. AGE (n years	JE UNDER I YEAR	IF JINDER 24 HRS.
	24 hours after death. ed in by the huneral apers. Pages, and 2 72 hours after death		Male		Caucas	ian		Jun	e 7. 19	last bir	thdoy) • YRS	MONTHS DAYS	13 22
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BIRTHPLACE (Stote or f	oreign i	TE CITIZEN OF WHAT		8 MARRIED	☐ NEVER MARR		OUNTY OF DEATH			
	be executed within 24 hou and campletely filled in by remaye carban papers.	(0	untry) Maryland	1	U.S.		WIDOWED			St. Mary	718		Md.
	in 2	10.	CITY OR TOWN OF DEAT	TH	11 NAME	OF HOSPITAL OR IN	STITUTION (If a	ot in hospitol		CCUPATION (Kind of		326 KIND OF I	BUSINESS OR
	law requires that the death certificate be executed within nding physician. been signed by the attending physicial campletely fille the burial-transit permit. Then please regrave carban point to burial, crematian, ar remaval, and the within is to burial, crematian, ar remaval, and the second.	1	Lexington 1	Park	give strei	et oddress) N aval	Hospit	al	during most o	if working life, even	if fetired.)	INDUSTRY	
	ed v	130	o. USUAL RESIDENCE (WI	nere deceose	11 1 4 11 1	Residence before	13c. CITY OR	TOWN 13	3d. INSIDE CITY LIMITS?		NUMBER		
	or lam	Y Cu	Mary	land	13b. COUNTY	Mary's	Lexing	ton Par	Kr Mo 🗆	522 1	rankl	in Road	
	a b a c	14.		ırst	Middle	Last		MOTHER'S MAIL	DEN NAME First		Middle		Last
	t the death certificate be ex the attending physicial cond sit permit. Then please regr nation, ar remaval, and tra	L		Michae		HOLLA			Lo	is i	laine	KIN	CAID
	cate	16	a. WAS DECEASED EVER Yes, no. or unknown)		D FORCES? 16 or dates of service)	b. SOCIAL SECURITY		INFORMANT			Address		
	phy en aval		Yes, no, ar unknawn)					Michael	R. HOL	CAND 52	2 Fra	nklin R	oad
	that the death certifian. By the attending phy transit permit. Then crematian, ar remava		18. CAUSE OF DEATH		man a	4 1						BETWEEN OF	ISET AND DEATH
	end mit.		PART I DEATH 1		F CAUSE (o)	rematuri	ty					13Hr	22min
	att per ian,		1.7.72X	111	DUE TO, OR AS A	CONSEQUENCE OF							
	the the risit mat		Conditions, if ony, w		(b)								
	the training and trainin	-	stating the underlyi	ing couse		CONSEQUENCE OF							
+	physician that the physician signed by the burial-transit burial, cremati	Т	lost.	FIGURE CONF	(c)	C TO DEATH BUT A	OT DESATED TO	A TUT TERMINA	DISCASS OBCOMO	ITION GIVEN IN PART	3/-1		
1	si benedia		PART Z UTNEK SIGNI	IFICANT COND	ILLIONS CONTRIBUTION	O TO DEATH BUT N	OI KELATED I	J INE LEKMINAL	DISEASE UKCOND	ITTON GIVEN IN PART	1(0)		
N	IAN: The law real area attending ilicate has been far use as the Health priar ta	200	19g. DATE OF OPERATIO	ON 195 C	ONDITION FOR WHICH	OPERATION WAS PE	REORMED	20g. AUTOP:	SY2	20b IF YES, WER	E FINDINGS C	ONSIDERED IN CE	RTIFYING
1	or and a series of	CEPTIFICATION			on on the contract	O' LICE TO STATE OF THE STATE O		YES 🗀	NO 🗀	CAUSES OF DEATH			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	PHYSICIAN: The e haspital ar attele haspital ar attele his certificate has stached far use a Dept at Health pr	ي ق		UNDERLYING	21b. TIME OF IN	JURY	21c. H			ture of injury in Part	1 or Part 2.	Item 181	
	ICIAN pital rtifica d far af He	MEDICAL	or CONTRIBUTING [CAUSE OF DEATH	HOUR A.M. !	Wanth Day Year			,				
	aspi cert	ME.		FD 21a P	LACE OF INJURY (AT		9 CTORY.) 21f. L	OCATION Street	ar R.F.D. Na.	City or Town		County	State
	binG PHYSICIAN by the haspital ther this certificat be detached fail State Dept of H		While Not while at work		\ OF	FICE BUILDING, ETC.							
	ATTENDING etained by th CTOR: After t should be do		22a. I certify th	at (I) (this	haspital) attend	led the deceas	ed from	June 7.	19.60	, to June 8	3, 19	60_, that	(I) (we) last
	NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI		22a. I certify th saw the de causes stat	ceased ali	ve an June	8,	19 _69 an	d that in (my) (aur) apinia	n death accurred	on the do	te ond hour	and from the
	R ATTENI retained ECTOR: / 3 should with the			ed above;	(I) (we)/(did) (di	d not) view the	bady after	death				DATE SIGNED	
	OR ATTEND be retained DIRECTOR: A B 3 should ed with the 3		22b. SIGNATURE	14	Den	1 in	My DEGI	ATTENDING	MED DIREC	TOR STAFF	_	une 8.	1060
	y be		22d. PHYSICIAN'S	1 ~	-/	1000	(D Stor	REE PHYS.		TOK - PHIS.	-N 0	wie o, .	1,909
	RAI RAI			S. G.	GEORGIOU_	LCDR MC	USNR		_	ital, Pati	xent.	River.M	harvland
	e 4 e 4 UNE	23	a. BUR AL, CREMATION,	23b. D		23c. NAME OF				3d. LOCATION (City of		(County)	(State)
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept at Health priar ta		REMOVAL (Specify)		/13/69					PRINEVIL			,
		74	SUPERAL DIRECTOR	770	lew	ADDRES			250 REC'D BY RI	GISTRAR 25b.	REGISTRAR S	SIGNATURE	
	VR A15 (4) 30M REV 1/68		JOHN M. WE			IN . MD.			DATE UN 1	2 1969	Jalian	las find	se.
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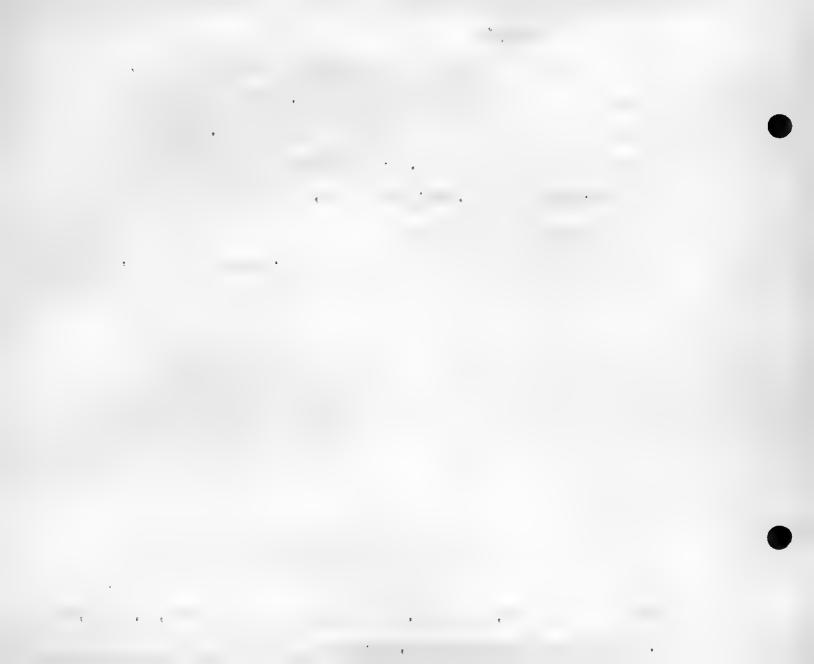


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ļ.			-				CEKTIFI	CATE OF D					0030	
- 1		CEASED-NAME	First			Middle		Last	2	a. DATE OF	Month	Doy.	_ / Yeor	2b. HOUR
		/pe or print)	Bab	<u> </u>		Girl		HOLLAND		June			969 ^{eor}	315P#
	3, SE			4. RACE				S DATE OF BIRT			6. AGE (in year lost birthdoy)	rs M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
		Female			asiar		1.		7, 1969		Name of the last	YRS.		1 33
	7a. B coun	IRTHPLACE (Stote or foreign	π	b. CITIZEN (OUNTRY?		NEVER MARRI	נוקב	OUNTY OF				
ı		" Maryland		U.			WIDOWE				Mary's		[Md
		TY OR TOWN OF DEATH			11. NAME O	1.1 1		nat in haspital			(Kind of work life, even if reti		12b. KIND OF I INDUSTRY	BUSINESS OR
		xington Park					Hospit							
	13a. admis	USUAL RESIDENCE (Where of STATE Maryla	and	13b. CON	T. Mar	y s			d. INS E CITY LIM TS?		REET AND NUMB 2 Frank		Road	
I	14. F.	ATHER S NAME First		Mid		Last		IS MOTHER'S MAIL			Mid			Lost
			chae		lay	HOLLA			L	ois	Ela		KIN	CAID
	160.	WAS DECEASED EVER IN U	S. ARME	D FORCES? or dates of servi		SOCIAL SECURIT	Y NO. 17	INFORMANT			Add			
	11	es no or unknown) (II y	3					Michael	R. HOL	LAND	522 F	rank	lin Ro	
		18 CAUSE OF DEATH (En	iter only	one cause	per line far	(a), (b), and (c}}						BETWEEN OF	ISET AND DEATH
requires that the death certificate be executed within 24 hours after death. g physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please cerneve carbon papers. Pages and 2 burial, crematian, or remaval, and in any event, within 72 hours after death.	- 1	18 CAUSE OF DEATH (En	CAUSED AMEDIAT	BY: E CAUSE (a)	Pr	ematur	ity			~			1 Hr	. 33Min
	_ 1	1162						stress S						
- 1		Conditions, if any, which rise to immediate cause	gave)	(b))Re	spirat	ory in	stress 5	ynarome					
		stating the underlying c	ouse	DUE TO,	OR AS A	CONSEQUENCE C	IF							
1		last.	,	(c)	1			<u> </u>						
		PART 2. OTHER SIGNIFICAL	NT CONI	ITIONS CON	TRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMINAL I	DISEASE OR CONT	OTTION GIVE	N IN PART I(a)			
	CERTIFICATION	19a DATE OF OPERATION	19b. C	ONDITION FO	OR WHICH O	PERATION WAS	PERFORMED	20a. AUTOPS	37?	20b. II	YES, WERE FIND	INGS CON	NSIDERED IN CE	RTIFYING
	TIFIC							YES 🗆	№ 💢	CAUSE	S OF DEATH?			
		21a. ACCIDENT WAS UND	ERLYING	21b TI	ME OF INJL			HOW INJURY OCCU		lure of inju	ry in Part 1 ar f	Part 2, Ite	em 18.)	
	MEDICAL	or contributing cause	OF OFATH exomine	HOUR	A.M. Mo	inth Day Yes	19							
		21d. INJURY OCCURRED While Nat while at work		LACE OF INJ		OME, FARM, STREET, E BUILDING, ETC.		LOCATION Street	ar R.F.D. Na.	City	ar Town		County	State
		22o. I certify that ((this	haspital) attende	d the deceo	sed from_	June 7	, 19.69	_, to	June 7	_, 19_	69_, that	(I) (we) las
		220. I certify that (I saw the decease couses stoted a	ed alı	ve an	June	7	19 69 , a	nd that in (my)	(our) opinio	n deoth	occurred on t	he dot	e and haur (and from the
		couses stoted o	abave,	(I) (We) ((ala) falq	not) view th	e body afte	r death.				22. 04	ATE SIGNED	
		22b. SIGNATURE	/	/	///) DE	GREE PHYS	MED.	TOR	STAFF CX			260
		22d PHYSICIAN'S	9/	176	Pr. A	15 /-	<i>l</i>			JUK L	NH12 -Y	<u> Ju</u>	ne 7,1	707
		NAME (Type) 6.	C.	PETRO	NIO	LT MC	HCU	Nava		tal,	Patuxer	nt R	iver, Ma	ryland
	230.	BURIAL, CREMATION, PREMOVAL (Specify)	23b. D			23c. NAME C	F CEMETERY (IR CREMATORY	2	3d LOCATH	ON (City or Town)	(County)	(State)
			251	13/69	9,					PF	MEVILI	E, OF	REGON	
	342	SHAFRAL DIRECTOR	1/2	lel		ADDRE	22	2	SO RIGHT BY R	EGISTRAR	2Sb. REGIS	TRARS S	IGNATURE	ton.
	7	JOHN M. WELCH			RDTO	JN. MD.		1	DATE	* AJ 10	100	- A	The same	The same

MAKILAND STATE DEPARTMENT OF HEALTH



I DECEASED NAME (Type or print) Lerty Casper Holsinger 3. SEX Male White To a sirthplace (Stote or foreign of the country) TISA Middle Lost Holsinger June Month 25, Doy 19 6. AGE (In years light white) What Country First Modelle Lost June Month 25, Doy 19 AGE (In years light white) A RACE May 22, 1893 For Country of DEATH TISA MARRIED NEVER MARRIED 9 COUNTY OF DEATH TISA	25. HOUR 25. HOUR 3 A M ODER 1 YEAR OF UNDER 24 HRS. HIS DAYS HOURS MIN
I DECEASED NAME (Type or print) Lerty Casper Holsinger June A RACE Male White To Sirthplace (Stote or foreign of the print) TICA Market Distribution Never Market Distribution Never Market Distribution Product of DEATH A RACE May 22, 1893 Country of DEATH Country) Month Country of DEATH Country) Market Distribution Never Market Distribution Product of DEATH Country of DEATH Country) TICA TICA TICA TICA TICA TO Sirthplace (Stote or foreign of Death TICA TICA TICA TO Sirthplace (Stote or foreign of Death TICA TIC	OFF 1 YEAR OF UNDER 24 HRS.
3. SEX Male White S. DATE OF BIRTH May 22, 1893 6. AGE (In years logate orthogy) AND White To SIRTHPLACE (Stote or foreign country) TICA MARRIED NEVER MARRIED 9 COUNTY OF DEATH TICA	IDER 1 YEAR
Male White S. DATE OF BIRTH May 22, 1893 A GE (In years light of thirdoy) To BIRTHPLACE (Stote or foreign country) Virginia USA Widowed Divorces St. Mary's 10 CITY OR TOWN OF DEATH 11) NAME OF HOSPITAL OR INSTITUTION (If not un bospital) 120 JISHAN OCCUPATION (Kind of work done)	
70 SIRTHPLACE (Stote or foreign country) Virginia 10 (ITY OR TOWN OF DEATH 11) NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120, 15HAL OCC. PATION (Kind of work done 120)	
Virginia USA WIDOWED DIVORCED St. Mary's	
11) NAME OF HOSPITAL OR INSTITUTION (If not in bosoital 120, JSHAL OCCUPATION (Kind of work done 120)	Md
G ve street oddress St. Mary's Hospital during most of working life, even if retired)	'b KIND OF BUSINESS OR IDUSTRY
Virginia USA No City Or Town of Death 11 NAME of Hospital or Institution (If not in hospital) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give street oddress) 120. JSUAL OCCUPATION (Kind of work done give working life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give working life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give working life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give working life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of work done give life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even if retired) 120. JSUAL OCCUPATION (Kind of working life, even i	
7 PES , 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MA DEN NAME First Middle	Lost
Samuel Holsinger	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dotes of service)	
Elizabeth V. Johnson Hollywood, Ma	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
IMMEDIATE (AUSE (o) DUE TO, OR AS A CONSEQUENCE OF	14 days
Conditions, if ony, which gove (b)	
rise to Immediate couse (a). (b) DUE TO, OR AS A CONSEQUENCE OF	
lost. (c)	
Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS JNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Foter potume of injury in Port 1 or Port 2 liem.)	ERED IN CERTIFYING
SE SE SE SE SE DE DEATHS	
The part of operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 270 ACCIDENT WAS JNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Hern 1 197	18.)
210. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, liem 1 400. ACCIDENT WAS UNDERLYING 210. HOW INJURY OCCURRED (INJURY OC	unty State
22a. I certify that (1) (this haspital) attended the deceased from 2. 1927, to 1967	, that (I) (we) last
saw the deceased alive an	nd hour and fram the
Saw the deceased dive an treatment in (my) (dur) apinion death occurred an the date of causes stated abave, (i) (we) (did) (did not) view the body after death. 226 SIGNATURE 226 DATE STAFF PHYS. 227 DATE STAFF PHYS.	
Toegree PHYS Director D STAFF D Jan.	25/69
Sow the deceased dive an	1 d.
W. Clarke Mattingley Leonardtown, Maryland 25. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 3 SIGNAR	al Judge



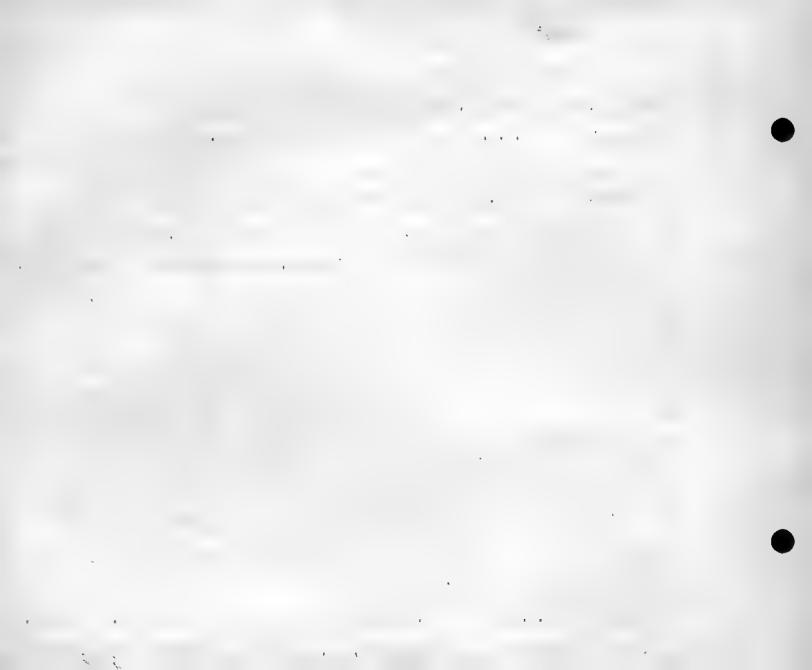
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1.			7	/2/6° 11w 08	3947	VITAL RECORDS, (ATE OF D		t, MAKTLAND		8939	
	= NE.			CEASED NAME First		Middle		Lost	20.	DATE OF DEATH			25. HOUR
	de at		(1	pe or pant) Mar	y E	lizabeth	Johr	nson	J	une Month	23 Day	1969 ^{or}	M
	5 A 7.2		3 SE		4 RACE			S DATE OF BIRT		6 AGE (In	veors		F JHDER 24 HRS
	古人生產			Female	N	egro	-	Aug. 15,	1903	iast birth	S YRS A	AONTHS OAYS	HOURS MIN
	To die		7o. B	IRTHP_ACE (State or foreign	76. CIT.ZEN OF WH	AT COUNTRY?	8 MARRIED [NEVER MARRI		INTY OF DEATH			
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	within 24 hours after tely filled in by the rban papers ages, within 72 hours whe	, ,	10 0	TY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If to	ot in hospitol	120 USUAL OCC	UPAT ON (Kind of w	rork done	126 KIND OF BI	USINESS OR
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	requires that the death certificate be executed within 24 g physicion. I signed by the attending physicion and campletely filled in burial-transit permit. Then please-remove carbon paper burial, cremation, or remaval, and in any event, within 72			WAS DECEASED EVER IN U.S. ARMI 85, no, or unknown) (If yes give wo	D FORCES? r or dates of service)	166 SOCIAL SECURITY N	17 1	NFORMANT			Address		
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	hat n. 14 th			rise to immediate cause (o), (stating the underlying couse)	(b) DUE TO, OR A	S A CONSEQUENCE OF				_			
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	or o	-1		210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH			21c HC	OW INJURY OCCUP	RRED (Enter notur	e of injury in Port 1	or Part 2, It	em 18.)	
	d figure of the		MEDICAL	(If either, notify medical examination	er) P.M.	Manth Day Year 19							
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	DING d by the After d be d			22a. I certify that (I) (this saw the deceased al causes stated above	haspital) atte	nded the decease	d from	Deve -		10	. 5., 19€	that	I) (we) last
_	R: A			couses stated above.	(I) (wo) (did)	did not) View the	body after o	a mai in (my) death.	(worr apinian	deal Faccurred	on the date	e ana nour a	na tram the
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	VR AIS	an		FUNERAL DIRECTOR		ADDRESS		2	So. REC'D BY REG	ISTRAR 256 R	REGISTRAR S S	IGNATURE	
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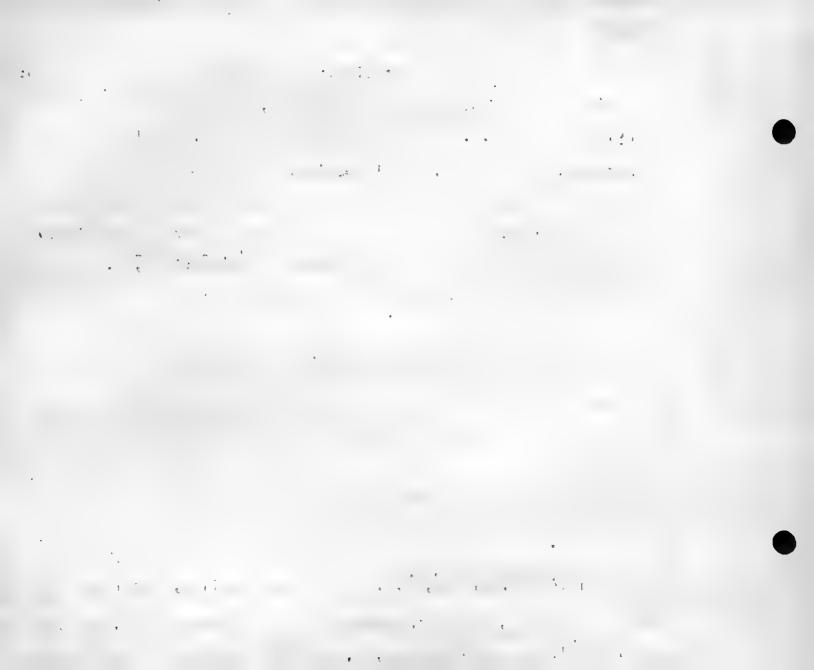
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		08948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08940
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN M	lanth Day Year 25 HOUR
is ta	(JANET LEIGH LIPSCOMB DEATH MATEDX J	TUNE 25 1969 3:301
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shauld be executed within 24 haurs after death e ward pending in pencil in Item 18. Give Page the Chief Medical Examiner's Office along with jourial-transit permit. File pages I and 2 with the Statin any event within 72 haurs after death.]	LEONARDTOWN give street Stankarys HOSPITAL during most of working life, even if retir	
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tNER: te certifi shauld files. 3 shauld	MEDICAL	21d IN, JRY OCCURRED 21e PLACE OF INJURY (At home form street 21f, LOCATION Street or R.F.D. No. City or Town	County State
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LEX recut Pag far y R.P.		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection), Inquir	ry 😿 , ond in my opinion
DEPUTY DICAL EXAMINER. scessary, please execute the cert e funeral director. Page 4 shaul may be retained for your files. FUNERAL DIRECTOR: Page 3 shaul ealth, prior to buriol, cremation		death resulted from: Natural causes 🔲, Accident 🔀, Suicide 🔲, Hamicide 🔲, Undetermined mad	
Try Dicka		ACTUAL CHIEF MEDICAL EXAMINER C	
EPUTY SSSOY, P funeral ay be rr INERAL INFRAL		SIGNATURE MD, ASSISIANI MEDICAL EXAMINER 220.	DATE SIGNED
o DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr		EXAMINER'S NAME (Type) WM.D.BOYD W.D. D.BOYD W.D. DEPUTY MEDICAL EXAMINER X ADDRESS(Street, city, town, Q.BOWARDTOW	6/25/69
10 DEPUTY necessary, the funera 5 may be 10 FUNERAL Health, pri	23o	BURIAL CREMATION, 23D DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
F-	T	RANSIT 6/25/69 BROOKNEAL, Y	, , , , , , , , , , , , , , , , , , , ,
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VR A15ME (5) 10M REV. 1/68	J	OHN M. WELCH - LEONARDTOWN, MD. DAYE JUL 7 1969 RC	warles Judge.



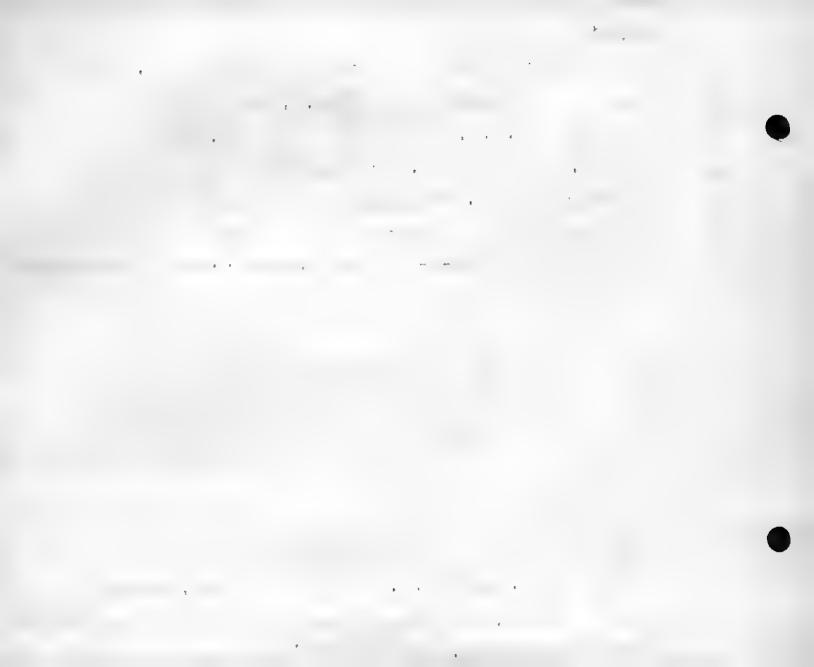
	1 1	tem5 Film3/113 MARTIANU SIATE DEPARTMENT OF HEALTH						
- 1/-	6,	19/69 KK DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08941					
FOR STATE	\vdash	/9/59 kk Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
HEALTH DEPT	1 [JECEASED-NAME First Middle Lost 2a DATE KNOWN Mon						
2, and 3 to PM3 Page Pports enterthe	`	Talan Tanana Manana Diari Maria 7 all	ne 1 1969 M					
5m2 2	3. 5	EX 4 RACE 5 DATE OF BIRTH 201 0 AGE (n years F JNDER YEAR IF UNDIR 24 MRS 2C DATE PRONOUNCED DEAD						
de de M3		1949 (ast binhday) MONTHS DAYS HOURS MAN Month Day	Yeor M					
Por Por	7a	Male Negro July 14. 1950/ 19 YRS BIRTHPLACE (State of Toreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 18					
- E &	(QUI	NTV						
ges fo	10	Maryland U.S.A. WIDOWED DIVORCED St.Mary's CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work don	Md 12b. KIND OF BUSINESS OR					
Po Po with with with with with with with with	,	give street address) during most of working life, even if refred	Civil Service					
e e e	10	Gellaway Give street address) Guing most of working life, even if retired stock clark USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER	CIAIT Selarce					
at to the second	130.	. USUAL RESIDENCE (Where deceased lived, it institution: Residence before ISC. CITY OK TOWN 136. INSUE CITY OMISS? 136. STREET AND NUMBER						
18 18 18 18 18 18 18 18 18 18 18 18 18 1		Mary and 136 St. Mary's Valley Lee YES NOT						
hours after Item 18. Give Office along Iand2 with th	.14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	LOS†					
INER: This certificate should be executed within 24 hours after death services, writing the word "pending in pencils" in Item 18. Give Pages 1, 2, a should be forwarded to the Chief Medical Exercises Office along with farm Ph files. 3 should be used as a burial-trans t permit. File pages land 2 with the State Depart portion, or remayal, and in any event within 72 hours after death.	L	Sherman Leon Mason Violet Elizabet	th Swales					
hin 24	160.	WAS DESIGNED DIED TO THE TOTAL COUNTY NO. 12 DEPOSITION						
# 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	Yes, no, or unknown) (If yes give wor or doles of servee) 215-54-9383 Viblet E. Masen Robinson	Valley Lee.					
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xec Idin Aled Per T w		MANUAL CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF	10 min					
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iffica iffica ordec	I N	Fracture left femur						
Wr wr war	I	19d DATE OF OPERATION 19b COND.T.ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?					
This certificate, writing the forward be used or remayall	CERTIFICATION		YES NO 🔀					
INER: The certifice should be files. 3 should live increases increases.	18	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 or Part 1 or Part 2 or Contributing 2 or Contri	2, Item 18)					
INER: e cert should files. 3 shou	MEDICAL	PR MARY FOR CONTRIBUTING HOUR A.M G-1 19 G9 Kend on anti Coll						
	Æ	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No City or Town	County State					
DEPUTY COICAL EXAMINER: This certificates reessary, please execute the certif rote, writing the e funeral director. Page 4 should be forwarded to may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a booth prior to burial, cremation, or remayal, and		CALSE OF DEATH CALSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street WHILE AT WORK AT WOR	S+ man My					
L EXAL		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry						
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YY. YY. Seriol		SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DI	ATE SIGNED					
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necessary, please ex the funerol director. 5 may be retained for EUNERAL DIRECTO Hypothy prior to burity		NAME (Type) WILLIAM D BOYD ADDRESS(Street, city, town, ar county)						
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		Burial 6.5.'69 St.George Catholic Valley Lee St	Mary's Md.					
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¥R A15ME [5] 10M REV 1768		W. Clarke Mattingley Leonardtown, Md. DMJUN 3 1969	relay Junglace					
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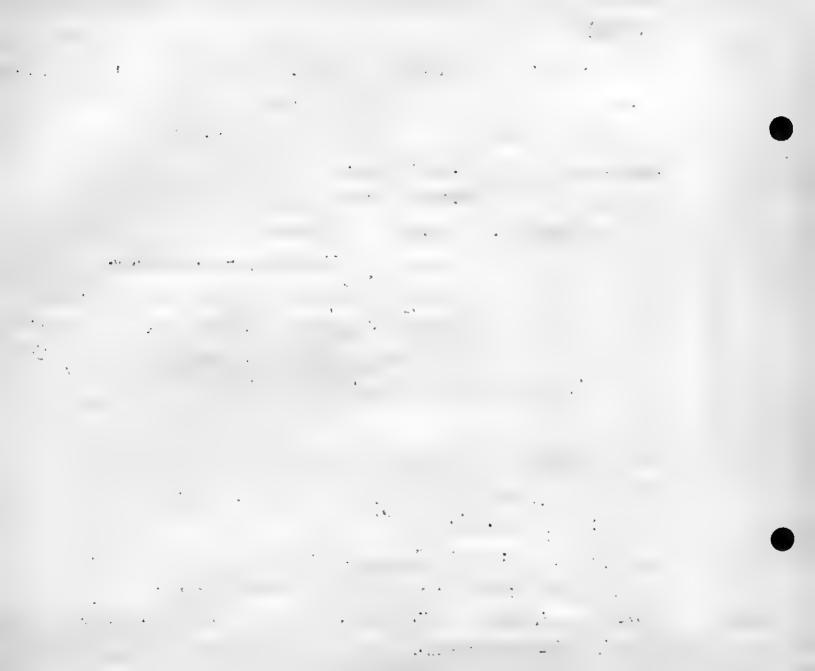
	1				STATE DEPARTMEN			21003		
		08950	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH			08942				
# 2 #		ECEASED NAME First Type or print)	Mi	iddle	Last	20	DATE OF DEATH Month	Day	V	2ь. но ор
de de				Ma	ttingly		June	25 Day	69 ^{ear}	10:24
in the second se	3 31		4. RACE		S. DATE OF BIRTI		6 AGE (In lost birth	years	F JINDER 1 YEAR AONTHS DAYS	1F UNDER 24 HRS.
	_	<u>Male</u>	White	- 10	June		969	y RS.	1	16 42
hau Frs.	70 COUI	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTR		MARRIED NEVER MARRIE		OUNTY OF DEATH			
24 aper	10	Maryland ITY OR TOWN OF DEATH	U.S.		VIDOWED DIVORCE UTION (If not in hospital	last	St. Mai		Land	Md.
語 音 章	10 (III OK TOWN UP DEATH	give street addres	MALOK INSIIII	UTION (If not in hospitol	during most of	CUPATION (Kind of w working life, even if	ork dane retired)	126 KIND OF INDUSTRY	BUSINESS OR
wij rbd rt, w	130	ISIIA. RESIDENCE (Whose decens	od lived of institution: Perider	Mary	SHOSDITA	INCODE CITY HAIRS	112. STOUT AND M	IIMBED.		
on executed within 24 and completely filled in remaye carban paper in any event, within 72		LETY OR TOWN OF DEATH LEONAR DETOMN USUAL RESIDENCE (Where deceos SSSION) MARY PLAND	13b. COUNTY St. Mar	y s I	eonardtown Y	ES NO	Rt. 2,	Box 4	3-B	
e e e	14	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAID	EN NAME First		Middle		Lost
se in a	L		GIVEN		E	Brenda	Marie	- M	attin	g1 y
trificate hysicia n plea val, an		WAS DECEASED EVER IN U.S. ARN es, na, ar unknown) (If yes gree w	ED FORCES? at or dates of service)	L SECURITY NO.	17. INFORMANT Mothe	er Rt	2-Box L	Address Vn Md		
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The affe					YES 🗀	NO 🗌	CAUSES OF DEATH?			
SICIAN: spital or ertificate ed for u	DICAL	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATI (If either, notify medical examinated in the comments of the commen	HOUR A.M. Month D	Day Year	21c HOW INJURY OCCUR			ar Port 2 1te		
5 PHY the ha this c detach e Dept		Marie Constitute	PLACE OF INJURY (AT HOME FAR OFFICE BUILDI				City or Town		County	Stale
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Health		22a. I certify that (I) (thi saw the deceased al causes stated above	s haspital) attended the ive an ,(I) (we) (did) (did nat) v	deceased 19_ view the bac		, 19 (aur) apınian			that and haur o	(I) (we) last and from the
NI OR re		22d PHYSICIANS Da	vid Mossman M	· D	DEGREE ATTENDING" PHYS. 228 ADDRES	MED. DIRECTO	OR STAFF [19	25	15
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30M REV. 1789	١	lattingley's	Leonai	dtown	Md.	MANUN 2 (3 1969 6	Clearl	as Jud	el.



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		08951	-	ION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH			
rr deoth. Funero! I and 2 er death.		ECEASED NAME First Type or print) W1111	am Henry	Morgan	June Month 23, Day	1969 2b HOUR	
cuted within 24 hours after death. Inpletely filled in by the funeral records papers. (Pages 1 and 2 event, within 72 hours after death	3 S	M _{ale}	4 RACE White	Sept. 6,190	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
4 hours	7o.	BIRTHPLACE (Stote or foreign intry) Maryland	76 CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH St. Mary's	Md.	
vithin 24 sky filled van pape within 7	10	eonardtown,	11 NAME OF HOSPITAL OR IN give street address \$ t.M.	ary's Hospital	SLAL OCCUPATION (Kind of work done most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY	
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end c	14	FATHER'S NAME First Frank	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost	
ficote by ysician please of, and i	160	WAS DECEASED EVER IN U.S. ARME	Mor ED FORCES? If or dorles of service) 16b SOCIAL SECURITY 216-09-56	NO. 17 INFORMANT	Kelly Address P.O.Box 11 Chap	otico Maryland	
D HOSPITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remage corban papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death.		PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove use to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (b) A R-+R CLO DUE TO, OR AS A CONSEQUENCE OF (c) C	hal Infancio	ant Disease us prondition given in part 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	CAL CERTIFICATION	21g ACCIDENT WAS UNDERLYING	HOUR A.M. Month Day Year	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?		
O HOSPITAL OR ATTINDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	MEDICAL	at work of work 22a certify that (1) (this saw the deceased all	er) P.M. PLACE OF INJURY (AT HOME, FARM, STREET FA s haspital) attended the deceas ive an (1) (we) (did) (did nat) view the	ed fram, and that in (my) (aur) a bady after death.	p, ta, 19_apinian death accurred an the dat	Caunty State , that (I) (we) last te and hour and from the	
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To Hos Page / directs should	L		ne 26,1969 Parl	cemetery or crematory	23d LOCATION (City of Town) 3310 Taylor Ave		
VR A15 (4) 30M REV. 1/68	1	funeral director chimunek Funera	ADDRESS 1 Home Inc.3331 B	COLTIMONO MA	25b. REGISTRAR 25b. REGISTRAR'S		



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	ı	08952	DIVISION OF VITAL RECORDS,	08944		
A de	1. D	CEASED-NAME First	Middle	ERTIFICATE OF DEATH	Zo. DATE OF DEATH	2b. HOUR
E gaa	(ype or print) WILLIA	M BENJAMIN	SAUNDERS	JUNE 11	
222	3 58		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR F UNDER 24 MRS
aurs afte by the P Pages nours afte		MALE	NEGRO	6/25/1111	last birthday) 77 YRS	MONTHS DAYS HOURS MIN
by 1 Pa	7o.	SIRTHP, ACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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The party of the p	130	EONARDTOWN	ST. MARYS H ed lived, if institution: Residence before	OSPITAL 13c. CITY OR TOWN 13d INSIDE CITY I	IM 15? 13e. STREET AND NUMBER	
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à giệc		ARYLAND ATHERS NAME First	ST_MARYS Middle Last	RIDGE TES N	_A_	Last
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dse ind i	160	WILLIAM WAS DECEASED EVER IN U.S. ARM		FRANCES O. 17 INFORMANT	Address	DORSEY
Ysi Pele O	l N	es, na, ar unknawn) (11 yes give w	rar or dates of service) N/A		S - ST.INIBOES, MI).
hen hen y		10 CAUCE OF DEATH (Cotor and			///	ATEROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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t pe	L	Canditions, if any, which gave	DUE TO, OR ASYA CONSEQUENCE OF	Like Heast	Harry	11/01
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± = -		stating the underlying couse last.		and Alan V	MARKAR _	1-42V
orio urio		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NO		UNDITION GIVEN IN PART I(g)	11
ta b	_	Propa	ble Caronine	1 1 1 transact	5)	V
in in it	CERTIFICATION	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
h pi	E			YES NO NO	CAUSES OF DEATH?	
loa Hoa		21o. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part I or Part 2,	Item 16.)
다. 구도	MEDICAL	or contributing cause of DEATH	ner) P.M. 39			
oche	ME	21d INGIRY OCCURRED 121a	PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
e De		at the state of th			/	6>
tat		22o. I certify that (I) (thi	is hospital) attended the decease	d/trem, 19_4	a o, to, 19,	, that (I) (we) lost
p e	П	sow the deceased of	ine on [] (did flot) view the b	op local after death	inion death accuifed on the do	te and hour ond from the
E E E	П	22b. SIGNATURE/	(did for) view life t	ouy oner deom.		DATE SIGNED
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		41	halos.	DEGREE PHYS.	AED. STAFF DIRECTOR PHYS.	6/13/69
ege /	L	22d. PHYSICIAN'S	- ACVIV.	22e. ADDRESS	IRECTOR - PHIS	b/15/69
, pe 7		NAME (Type) JAME	S P.JARBOE M.D.		AT MILLS.MD.	
plua	23a.	BURIAL, CREMATION, 23b I		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
के द ्				ON CEM.	ST. INIGOES, MARY	
RAISTA	24		LEONARDTOWN MD		RY REGISTRAR 25h REGISTRAR'S	SIGNATURE
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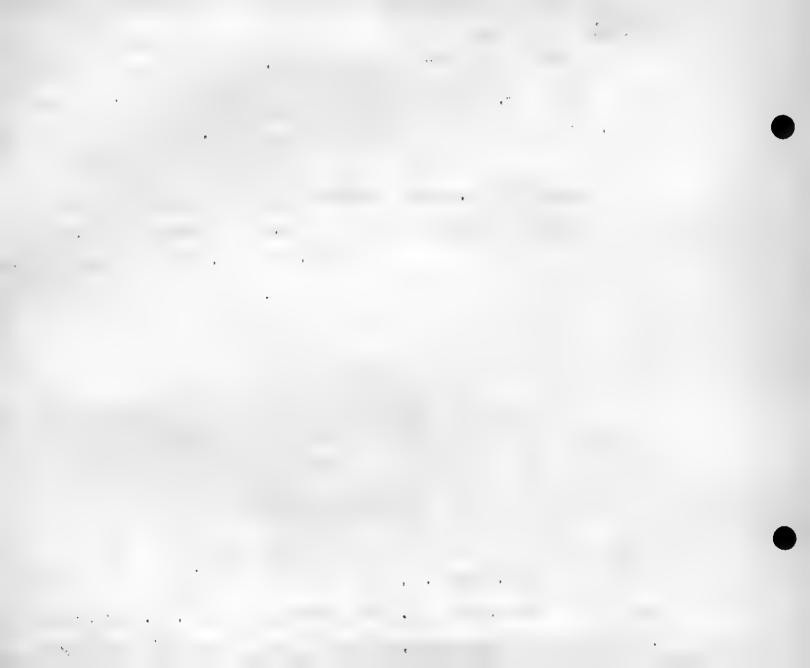


	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08945
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Month	Day Yeor 2b HOUR
ay is 3 ta Page ent af	(Type or Print) QUENTEN HUGHES SYKES OF ESTI DEATH MATED X JUN	E 27 1969 N
ny delay 2, and 3 PM3. Pa	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
and and mhe	M N APRIL 17.49 20 YRS MONTHS DAYS MOURS MAN JUNE 27	Yeor 1 69
- F ~ C [[] }	7a BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? IN MARRIED A INFVER MARRIED A OF OUNTRY OF DEATH	
	COLINTY VIRGINIA USA WIDOWED DIVORCED ST.MARYS	Mr
Pages with for	10. CITY OK TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not an haspital 12a USJA, OCCUPATION (Kind of wark done 1	12b KIND OF BUSINESS OR
Give Pag Give Pag ang with the So	LEONARDTOWN Give street oddress HOSPITAL during most of working the even if retired)	CONSTRUCTION
Cive on the day	13a USUAL RES DENCE (Where deceased Wed, if Institution Residence before 13c. CITY OR TOWN 13d. INS.DE CITY UM/TS? 13e. STREET AND NUMBER	
2 with	odpiss and STATE V3b. COUNTY CAPRON YES NO RT 1 BOX 167	•
haurs after death Item 18. Give Page Office along with land 2 with the State after death.	14 FATHER'S NAME First Middle ast 15 MOTHER'S MAIDEN NAME First Middle	Last
	JOSEPH WILLIAM SYKES THELMA	LIFSEY
hin 24 not in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	(Yes, na, ar unknawn) (Il yes give war or dates of service) 221 34 5657 MRS.ELLEN LOUISE SYKES — SAME A	S #13
d wit in pe Exan File in 72	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E. onsit permit F	PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
Mec per per	IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Almone !/
nsit pe	Canditians, if any, which gove	
vord vord re (h al-tra	rise to immediate cause (a). (b) stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
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ins certificate, writing ate, writing the forward ate used a second or remayal.	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Inc.)	2D. AUTOPSY?
for for central fo	₩AS PERFORMED?	YES NO IX
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INER: Te certific should b files. 3 should intien, ar	PRIMARY TO CONTRIBUTING HOUR *** C-27 19 69 CAUSE OF DEATH 21d INJURY OCCURRED 12 to PLACE OF NUMBY (At home, form, street) 21d INJURY OCCURRED 12 to PLACE OF NUMBY (At home, form, street) 21d INJURY OCCURRED 12 to PLACE OF NUMBY (At home, form, street)	Age-
		County State
EXAMINER: ute the certi age 4 should your files. Page 3 shou	WHILE AT WORK	110m 722)
Pag Pag or y R: P.	22a. I certify that I took charge of the remains described above, held an Autopsy , inspection X, Inquiry X	
ICAL Es exect tar Pa ed for CTOR: I burnal,	death resu ted from Natural causes, Accident X, Suicide, Hamicide, Undetermined manner	
please educator etapined DIRECTOR		
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O DEPUTY SICAL EXAM necessory, please execute the funeral director Page 4.5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) WM.D.BOYD M.D. ADDRESS(Street, city, town, or LEDONARD TOWN.	
o DEPL necessa the fun 5 may 0 FUNE Health	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMIFFERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	PRANSIT 6/28/69 COURTLAND, VIRGI	
	ADDRESS 250 REC'D BY REGISTRAR 250, REGISTRAR 250, REGISTRAR 250, REGISTRAR 37	
VR A15ME (5)	JOHN M. WELCH - LEONARDTOWN MD. 2 1969 4 2 1969	2
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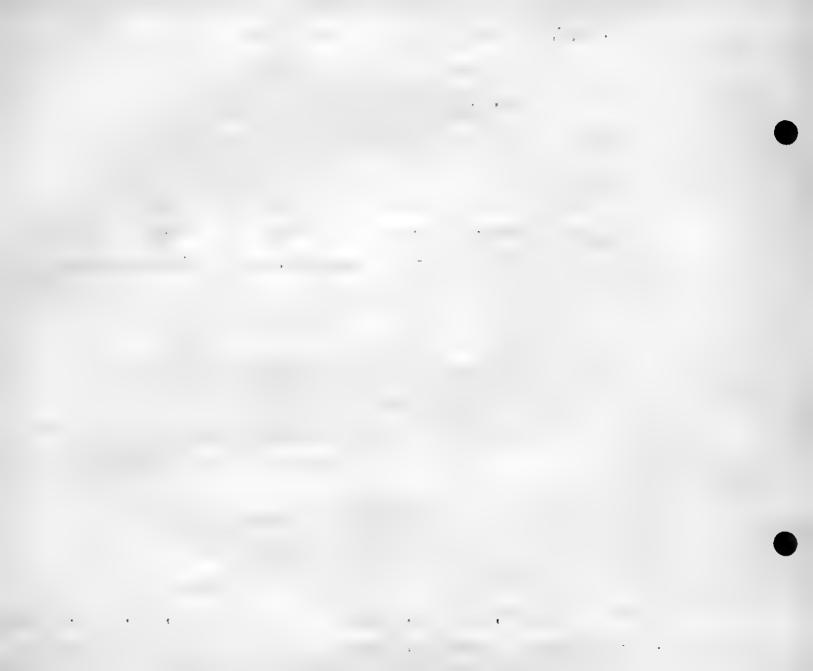
MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE		08954	DIAISION	OF VITAL RECOR		'S CERTIFICA			' 0	18946	
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I within 24 n pencl in- Examiner's File pages		was deceased ever es, no, or unknown)		Clares ORCES? var or dates of service) 16b	SOCIAL SECURITY NO		Agnes 3.Thomas		nice ADDRESS x 27H Let	Noland xington	
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L EXAMINER: ecute the certi Page 4 shauld or your fies. R: Page 3 shau (d), cremation,	*	AT WORK AT Y	WHILE TO FOR	LACE OF NJURY (At har tary, office building, etc) '	21f LOCATION SI		Crty ar 1	lown	County	State
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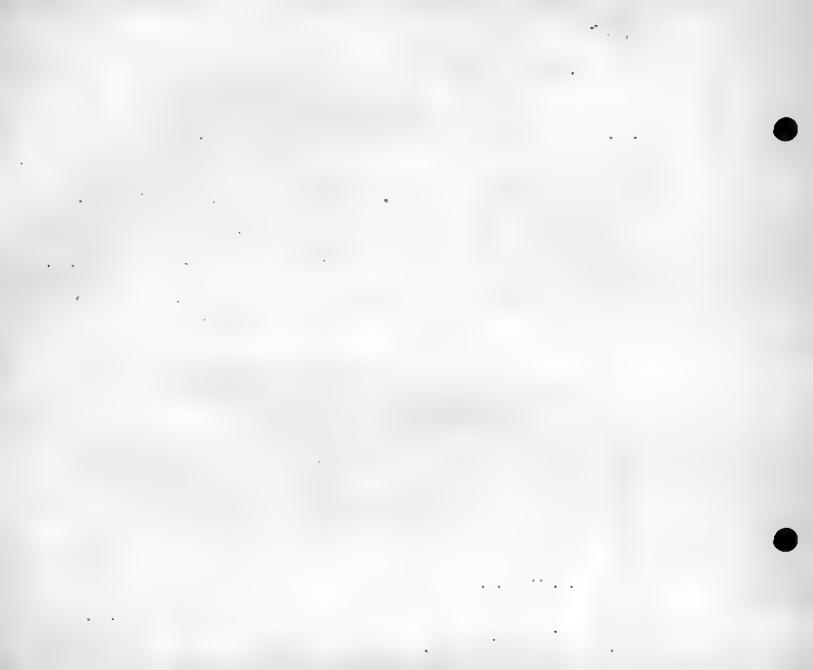
	Ttems 1822a Film 114 MARYLAND STATE DEPARTMENT OF HEALTH 5-27-69 amg division of vital records, 301 w. preston street, baltimore, maryland 21201	
FOR STATE	08955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08947	
EALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWN Marth Day Year 12b HO	UR
e p e 2 ≥	(Type or Print) JAMES Herman HOMARD TUCKER. OF ESTI- DEATH MATED XX 19	M
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2000	James Osborne Tucker Lillian Ruth Jones	
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ile p	219-18-2308 Jeanette A. Tucker California, Maryland	
to the Chief Medical Examiner's Office Nagaywith form bunal-transit permit. File pages Land 2 with the State De I in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) Lost. Acate alcoholism DUE TO, OR AS A CONSEQUENCE OF (c) Conditions of any, which gave rise to immediate cause (a), but TO, OR AS A CONSEQUENCE OF (c)	_
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	FRIMARY OF CONTRIBUTING OF HOUR A.M. CAUSE OF DEATH P.M. 19	
CTOR: Page 3 shau burial, crematian,	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm, street, at work at wor	}
To FUNERAL DIRECTOR: Page 3 Health, prior to burial, crema	220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Notural causes X, Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE	on
the funeral 5 may be n TO FUNERAL Health, price	230 BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stole) REMOVA. (Specify) June 13, 1969 St. Johns Hollywood, St. Mary's Maryla	= nd
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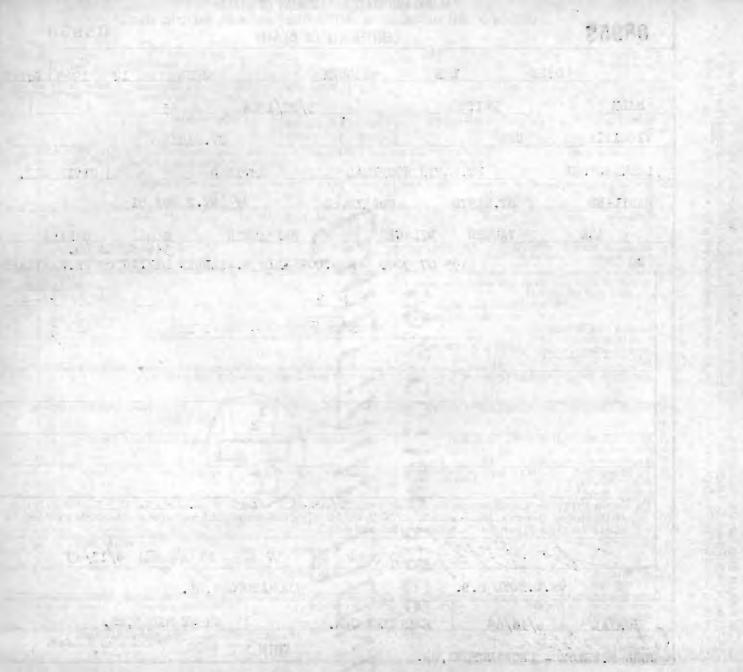
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		geenn		CERTIFICATE OF	DEATH		08948
유 등 등 분		ECEASED-NAME First Type or print)		Last		DATE OF DEATH Month Day	2b. HOUR
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and campletely remaye carbon in any event, with	13a	USUAL RESIDENCE (Where deced	ised lived, if institution. Residence before		13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	
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			213-54-5	755 MBS May	J.Copsey		ory Place N.W.
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L OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached far u lied with the State Dept. of Healt	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			CCURRED (Enter nature	e of injury in Part 1 or Port 2, 1	tem 18.)
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OR ATTENI be retained bIRECTOR: A je 3 should ed with the		C/11	MITTES	DEGREE PHYS	DING MED DIRECTOR	R STAFF	6-9-69
A AL DO O		22d. PHYS CIAN S		22e. AD			
ERA FRA or, E		NAME (Type) W11	liam D. Boyd M. I	J.	Leonar	dtown, Marylan	<u>d</u>
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23 g			OF CEMETERY OR CREMATORY	23d	LOCATION (City or Tawn)	(County) (State)
5 5 5 E]	Buria (Specify)	une 11,1969 St.	Josephs	Mo	rganza, St. Ma	ury's Maryland
VR AISIA ()	24.	FUNERAL DIRECTOR	ADDR				
30M REV BER		w. Clarke Matti	ngley Leonardtow	n, Maryland	DATEJUN 1	1 1969 Milean	eles Judge .



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FOR STATE	089	57 DIVISIO		. RECORDS, 301 DICAL EXAN			1			ND 2120)1		0.8	949)
HEALTH DEPT.	1 DECEASED-NA			Mid		CEKTIFF	Lost	JI DEM		a. DATE KI	NOWNET	Month	Doy	Vegr	2b, HOUR
	(Type at Pnr	Josi	मक्स	THOMAS	3	WASHT	NGTON	J	- 1	OF DEATH N	EST - 🗀	6	1	169	3:304
	3 SEX	4 RACE	S DATE OF		6 AGE (In year	rs IF UNDER	R YEAR	IF UNDER 24			ONOUNCED	DEAD		97	2d HOUR
any delay s 1, 2, and 3 orm PM3 Pa	MALE	NEGRO	6/19	/1946	last birthday	RS MONTHS	DAYS	HOURS	MIN	Month JUNE	:	Day 1	Year	969	M
2 7 July 100 100 100 100 100 100 100 100 100 10	7a BIRTHPLACE	(State or foreign		WHAT COUNTRY?		MARRIED X	IEVER MARR	RIED 9	COUNT	Y OF DEAT					
	country) W. V.	A	USA			IDOWED	DIVOR	CED 🔲		ST.MA	RYS				Md
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	14. PAITTER 3 NA			lane	F.021	13 MUM	IEK 2 MAIDE				Midd		. OTTT:	lost	
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within in penal in Example Example File page	(Yes, na, ar vr		re war or dates of serv					auniar.	AT. H	OME -			ייטא א	JVA	
be executed within "pending in pending in pending in pending learning that is a partial to be partially be pa	18 CAUS	E OF DEATH (Enter o	nly ane cause t	er line far (a), (b),	ond (c))	1 104	CANAL A	· ·	AN_III	V/VIII			AP	PPRDX MATE I	
be executed "pending in nief Medical Eansit permit. Fearent within	PAR	T I DEATH WAS CAUS	ED BY NATE CAUSE (a).		Ca	toral	Theor	1000-	TO.	1 / / / /	= 40 =		5:1h	The same	AND DEATH
Med Int v	810	14		, OR AS A CONSEQU	ENCE OF			-		0					
be e "pel		s, if any, which gave mediate couse (a),				au	W a	ece	La.	V					
should e ward a the Ch ourial-tro in any	stating th	e underlying couse		, OR AS A CONSEQU	ENCE OF	-									
should be executed should be executed in the Chief Medical burial-transit permit.	lost) (c)_					<u> </u>							
NNER: This certificate should be executed e certificate, wr.ting the ward "pending should be farwarded to the Chief Medical files. 3 should be used as a burial-transit permit. atian, ar remaval, and in any event within	PART 2. 01	HER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELAT	ED TO THE TER	RM, NAL DISE	EASE OR COL	NDITION	GIVEN IN P	ART 1(a)				
Variation de la company de la	S 100 DATE	OF OPERATION	<u>Co</u>	419b CONDITION	A. E/IO May Ch	TOTO E A	Leve	ey s	41	fe	me	۸	20	AUTOPSY?	
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ine certif shauld files. 3 shauld natian,	PRIMARY CAUSE OF 21d INJUR	OR CONTRIBUTING	HOL	PAM	1 1969			مام							
AMINER: e the certi e 4 shauld raur files. age 3 shaul cremation,		Y OCCURRED 210	PLACE OF INJU	RY (At home, form,		21f LOCATIO				City or			Caunty	-	State
bical Examiner: se execute the cert se execute the cert star. Page 4 shaul ned far yaur files. ECTOR: Page 3 shau s burral, cremation	WHILE AT WORK	NOT WHILE AT WORK	factory, aff ce bu	rute 24	4			0	ul	low	ny		27	Man	The
LES ecur Pag far y R:P	22	i certify that I				ove, held or	n Autops	sy 🗔	Inspe	ection X	, Ing	uiry K	, an	id in my	apınion
tCAL E executor. Pared for ECTOR: 1		h resulted fram.		couses 🔲, A				Hamicide		_		nonner			,
please e director retained DIRECT for to bu			2 0	9-1	7	γ	CHIEF	MEDICAL EX	CAMINER						
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DEPUTY Colors cessary, please e funeral direct may be retained may be retained FUNERAL DIRECT COLORS	EXAMIN	1						Y MED CAL I					1/2/6	9	
o DEPUTY Colo. necessary, please ethe funeral director 5 may be retained o FUNERAL DIRECT Health, prior to bu	NAME (T	MATODO	BOYD M.		AME DE SEMETI	141103 00 VO		ESS(TEDI				-	154.	10.	
2 4 5 2	230 BUR AL, CE REMOVAL TRA	(Specify)		Z3C. N/	AME OF CEMETI	KT UK LKEMA	KIUKT		230 L	,	ty or Town		(County)	(51)	ate)
ì	241-FUNERA, D		5/2/69	,	ADDRESS		2	2Sa RECDE	BY REGIS		LESTO 2Sb REG		SIGNATUR	E	
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1 08958	DIVISION	OF VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE,		08950
1. DECEASED-NAME (Type or print) 3. SEX	First	Middle	Lost		ATE OF DEATH Month Do	y Yeor 2b. HOUR
3. SEX MALE 70. BIRTHPLACE (Stote country TRGINI) 10. CITY OR TOWN OF	OBIE 4. RACE	LEE	S. DATE OF BIR	RTH	JUNE 1 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
MALE		HITE		22/1904	65 YRS.	MONINZ DALZ HOOKZ WIN'
7o. BIRTHPLACE (Stote country)	or foreign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED A NEVER MARI		TY OF DEATH	
COUNTRY	USA USA				T.MARYS	Md.
LEONARD	COWN	11. NAME OF HOSPITAL OR IN give street oddress) ST. MARYS HO	SPITAL	during most of wo RETTRE	ATION (Kind of work done orking life, even if retired.) D	126. KIND OF BUSINESS OR INDUSTRY CIVIL SER
130. USUAL RESIDENCE admission) STATE MARYLAN	(Where deceased lived, if i	nstitution: Residence before NTY MARYS	HOLLYWOOD	WEED NOOT	3e. STREET AND NUMBER RT. 2 BOX 51	
14. FATHER'S NAME	First Mic		15. MOTHER'S MA	IDEN NAME First	Middle	Lost
/ AS		JGHN WILBI		ELIZABETH	SUSAN	CANADA
Yes, No or unknown	(If yes give war or dates of serv	16b. SOCIAL SECURITY 159 07 90		NELIA E.WI		SEX DR. TON PK.MARYLAND
18. CAUSE OF D	EATH (Enter only one cause TH WAS CAUSED BY:	per line far (a), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1121	IMMEDIATE CAUSE (a)		CVA			10 days
Conditions, if on	DUE TO	, OR AS A CONSEQUENCE OF	arteri	-50 les		5-11-
rise to immedia	te cause (o),	OR AS A CONSEQUENCE OF	4	0		y yr
stating the under	erlying couse)				,
PART 2. OTHER S	IGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)	
19a. DATE OF OPER	ATION 195. CONDITION FO	DR WHICH OPERATION WAS PE	RFORMED 200. AUTOR		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
S OR CONTRIBUTING	CAUSE OF DEATH HOUR medical examiner)	P.M. 1	9		of injury in Part 1 or Part 2,	Item 18.)
While Not w			CTORY.) 21f. LOCATION Street		City ar Town	County State
22a. I certify sow the causes s	thot (I) (this hospitol deceosed olive on tated abave, (I) (we)	ottended the deceos	ed from Marco 967, and that in (my body after death.	y) (aur) opinian de	ath accurred on the de	that (I) (we) last ote and hour and from the
22b. SIGNATURE	Tax	Begal	DEGREE PHYS.	G MED. DIRECTOR	22c.	DATE SIGNED 6/13/69
22d. PHYSICIAN'S NAME (Type	WM.D.BOYI	M.D.	22e. ADDI	EONARDTOW	N.MD.	
230. BURIAL, CREMATIC	DN, 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (State)
REMOVAL (Specify	6/16/6	9 EBEN	EZER CEM.		GREAT MILLS, M	D.
24 FUNERAL DIRECTO	2.Wolle	ADDRESS		25a. REC'D BY REGISTI	rar 1969 256 REGISTRAR'S	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Day Yeor 2b. HOUR (Type or Print) June 7, 16910:30A HARRY WOOD DEATH MATED IF TIMOER 24 HRS 4 RACE AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR HOURS Month June Day 7, Year 19 69 Male 10:30 White 7-13-1881 MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH country) New York U.S.A. WIDOWED [DIVORCED [St. Marv's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Abell Md.-Van Wards Pier during most of working life, even if retired.) Abell Govt 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13k. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER Washington 1612 28 St. S.E. admission) STATED C. 1136 COUNTY YES MO MO 14 FATHER'S NAME lost IS MOTHER'S MAIDEN NAME Middle Ravilo sabod Wood Jane Cosgrove haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT be executed within ADDRESS the Chief Medical Examin (Yes_no, or unknown) 10 6826 Elizabeth Wood 1612 28 St S.R. Wah 069 9 within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). in any DIFE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 shauld be forwarded ta This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES NO þe ID 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀 Inquiry , Inspection . and in my apinian director. death resulted fram: Natural causes of. Accident . Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER pridr ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/8/69 DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. TO FUNE Health may NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) REMOVAL (Specify) Coxsackie, New York 6-11-1969 River Side Buria. 11th 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) St S.E. Wash, DC DAN UN 1 10M REV, 1/68

